

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																															
1 Date of Request: _____		2 Serial/Patent # 10/519456																																																													
3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 60%;">Filing</td><td style="width: 15%; text-align: center;">1</td><td style="width: 15%; text-align: center;">12/29/04</td><td style="width: 5%; text-align: center;">\$</td><td style="width: 10%; text-align: center;">100</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: center;">\$</td><td></td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	12/29/04	\$	100	<input type="checkbox"/>	Amendment			\$		<input type="checkbox"/>	Extension of Time			\$		<input type="checkbox"/>	Notice of Appeal/Appeal			\$		<input type="checkbox"/>	Petition			\$		<input type="checkbox"/>	Issue			\$		<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$		<input type="checkbox"/>	Maintenance			\$		<input type="checkbox"/>	Assignment			\$		<input type="checkbox"/>	Other			\$		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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7 TOTAL AMOUNT OF REFUND		\$ 100																																																													
8 TO BE REFUNDED BY:		Treasury Check																																																													
9 Credit Deposit A/C #:		1 2 -- 2 1 7 4																																																													
10 REASON:		Overpayment																																																													
Duplicate Payment		No Fee Due (Explanation):																																																													
11 REFUND REQUESTED BY:																																																															
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>																																																													
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>																																																													
OFFICE: <u>PCT</u>		*****																																																													
THIS SPACE RESERVED FOR FINANCE USE ONLY:																																																															
APPROVED: _____		DATE: _____																																																													

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B